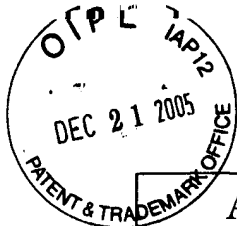


{W:\02313\100h587us1\00611513.DOC 10/10/2001 10:00:00 AM}

**AMENDMENT TRANSMITTAL LETTER**Docket No.
02313/100H587-US1Application No.
10/091,135-Conf. #5158Filing Date
March 4, 2002Examiner
P. J. NolanArt Unit
1644

Applicant(s): Te P. King et al.

Invention: RECOMBINANT HYBRID ALLERGEN CONSTRUCTS WITH REDUCED ALLERGENICITY
THAT RETAIN IMMUNOGENICITY OF THE NATURAL ALLERGEN**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---|---|-----------------------------------|------|--------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 17 | - 35 = | | x | |
| Independent Claims | 2 | - 3 = | | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 120.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 120.00 |

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 120.00 to cover the one month extension fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Mitchell Bernstein, Ph.D.

Attorney Reg. No.: 46,550

Dated: December 21, 2005

DARBY & DARBY P.C.

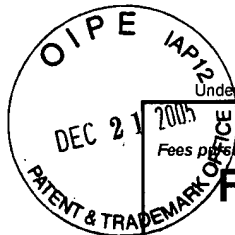
P.O. Box 5257

New York, New York 10150-5257

(212) 527-7665

Express Mail Label No.

Dated: _____



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--------------------|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/091,135-Conf. #5158 |
| | | Filing Date | March 4, 2002 |
| | | First Named Inventor | Te P. King |
| | | Examiner Name | P. J. Nolan |
| | | Art Unit | 1644 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 02313/100H587-US1 |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | | |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 17 - 35 = **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

Indep. Claims 2 - 3 = **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|---------------|---|---------------|---------------|
| <u> </u> | <u> </u> | <u> </u> / 50 (round up to a whole number) x <u> </u> | <u> </u> | <u> </u> |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> | <u>120.00</u> |

| | | | |
|---------------------|----------------------------------|-----------------------------------|--------------------------|
| SUBMITTED BY | | | |
| Signature | <u>Mitchell Bernstein</u> | Registration No. (Attorney/Agent) | <u>46,550</u> |
| Name (Print/Type) | <u>Mitchell Bernstein, Ph.D.</u> | Telephone | <u>(212) 527-7708</u> |
| | | Date | <u>December 21, 2005</u> |

| | |
|------------------------|------------------------------------|
| Express Mail Label No. | Dated: <u> </u> |
|------------------------|------------------------------------|